

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Human Rights Campaign Equality Votes			FEC IDENTIFICATION NUMBER ▼ C C00508440		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>		
Full Name of Payee Human Rights Campaign [MEMO ITEM]			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016		
Mailing Address 1640 Rhode Island Ave NW			Amount 600.00		
City Washington State DC Zip Code 20036		Transaction ID : D636689 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2016			
Purpose of Expenditure GOTV - online advocacy		Category/Type			
Name of Federal Candidate Clinton, Hillary, Rodham, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State:		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
67632.43					
Full Name of Payee Human Rights Campaign [MEMO ITEM]			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016		
Mailing Address 1640 Rhode Island Ave NW			Amount 400.00		
City Washington State DC Zip Code 20036		Transaction ID : D636690 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2016			
Purpose of Expenditure GOTV - online advocacy		Category/Type			
Name of Federal Candidate Trump, Donald, J., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State:		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
67632.43					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			0		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Rinefierd, James, , Mr.,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 10 / 20 / 2016		